

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Cu		06/14/01
O.I.P.E. CLASSIFIER	DR	32	6/27
FORMALITY REVIEW	H.S	866	08/13/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 -÷ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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